SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT 

BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.

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Refund:	Amount Paid:	Date:	Permit #:	サークのは
	11-81-8 SOC#	9.4.14	/ 2889:1 1	00

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO TYPE OF PERMIT REQUESTED→ X LAND USE SANITARY Owner's Name: Mailing Addi 435955 BISCODING Walter 4 Richard PROJECT LOCATION Castle Legal Description: Somet Biscobing Builders Garden Frakes (Use Tax Statement) 04-034-2-43-05 City/State/Zip:

Contractor Phone:

768-3653

Agent Phone: APPLICANT. 798-3653 80 Paris □ PRIVY ☐ CONDITIONAL USE

City/State/Zip: JAKO O Ras MUSSCA Agent Mailing Address ( WashingTon 05-003-1 & Son S ss (include City/State/Zip): 00001. SPECIAL USE B.O.A. A. © OTHER 7/5
Telephone: 7/5
794-3850 Cell Phone: Plumber Phone: 1985 Yes XN Authorization

Value at Time	☐ Non-Shoreland	X Shoreland —≽	T	Section (8	1/4,
		义 Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes—continue →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue	Section 18, Township 43 N, Range 5 W Nown of:	1/4 
		Distance Structure is from Shoreline :	Distance Structure is from Shoreline:	Namakagon Lot Size	
		¥¥Yes □ No	Is Property in Floodplain Zone?	Acreag	
		X Pes	Are Wetlands Present?	, o	

1/4,

Volume Subdivision

Page(s)\_

Evicting Structur					2000	n )		Value at Time of Completion * include donated time & material
Existing Structure: (if norm), being applied for a relevant to (i)		Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	XAddition/Alteration	□ New Construction	Project
T's relevant to it		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	1-Story + Loft	□ 1-Story	# of Stories and/or basement
ength.						🖈 Year Round	□ Seasonal	Use
			XNone		_ 3	□ 2	□ <b>1</b>	# of bedrooms
Width:	□ None	☐ Compost Toilet	☐ <b>Portable</b> (w/service contract)	Privy (Pit) or U Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: Manual	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
-				00 gallon)	DONC	Xwell	☐ City	Water

Proposed Construction:		Length: Width:		Height:	
Proposed Use	`	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)		×	
***************************************		Residence (i.e. cabin, hunting shack, etc.)	(	× )	
•		with Loft	(	× )	
S Residential Use ☐	100	with a Porch	_	× )	
		with (2 <sup>nd</sup> ) Porch	(	x )	
		with a Deck	(	x )	
		with (2 <sup>nd</sup> ) Deck	_	×	
☐ Commercial Use		with Attached Garage	(	×	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	
		Addition/Alteration (specify)	(	×	
- Municipal Use		Accessory Building (specify)		×	,
	X	Accessory Building Addition/Alteration (specify) Foundation King	_ 	× ,	Z
		- New TROSSES			in few fresh was de folklift in de folklift in few fresh
Reply for logge		Special Use: (explain)	_	×	
iler a lo issualice		Conditional Use: (explain)	_	×	
SEP 04 204		Other: (explain)	_	× )	
C H					

SEE MITIGATION LETTERS

Authorized Agent: Owner(s): (If there are Multip (If you are signing on behalf of the owner(s) a letter of auth All Owners ust sign <u>or</u> letter(s) of authorization accompany this application) 0 I (we) declare that this application amplication amplication) and according to the condition of the conditio

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge and large providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further act this information I (we) am (are) providing and that it will be relied upon by Bayfield County officials charged with administering county ordinances to this information) (we) am (are) providing and that it will be relied upon by Bayfield County officials charged with administering county ordinances to

scknowledge that I (we) er accept liability which s to have access to the

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Attach
Copy of Tax Statement Copyrof Tax Statement Coperty send your Recorded Deed

RILAGO APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback from the Centerline of Platted Road Setback to Privy (Portable, Prior to the placement or construction Setback to Drain Field Setback from the North Lot Line Setback from the Established Right-of-Way Issuance Information (County Use Only) Hold For Sanitary: Permit Denied (Date): Signature of Inspector: Granted by Variance (B.O.A.) etback to Septic Tank or Holding Tank Date of Inspection: 8–14-14 Condition(s):Town, Committee or Board Conditions Attached? Inspection Record: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Please complete (1) - (7) above (prior to continuing) Was Parcel Legally Created Was Proposed Building Site Delineated structure is on miliption of (2) (2) (3) (4) (5) (7) below. Draw or Sketch your Property (regardless of what you are applying for) 8 9 6000i Show Location of: Show / Indicate: Show any (\*): Show any (\*): Show: Show: Show Location of (\*): Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. table, Composting)
struction of a structure within ten (10) feet of the m
ner or marked by a licensed surveyor at the owner's X Se. ensting Case #: 6 - X X □ X Yes Yes no ke Hold For TBA: 0 1000 ¥Yes □ No (Fused/Contiguous Lot(s)) (Deed of Record) 292, 423 INO
(Fused/Contiguous Lot(s)) NO Proposed Construction
North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20% ₩existing Sanitary Number: Permit Date: Reason for Denial inspected by: Measurement 1 + 4 E 4009 488 ☐ Yes See 25,660 FJ Hold For Affidavit: □ No –(If No they need to be attached.) Feet Feet Feet Feet Feet Feet Feet 08-1815 attachment Furtal Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) 口 Yes 、此 No 20% Slope Area on property
Elevation of Floodplain idary line from which the setback must be measured mi Setback from Wetland Setback from the Bank or Bluff Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Hold For Fees: 00 Description 88 Affidavit Required Affidavit Attached X Yes X Yes Zoning District Lakes Classification Sanitary Date: Date of Re-Inspection Date of Approval: 14 □ Yes 25 Measurement 100 NW MM 4-08 No **~** 5

Feet

**3** 8

Feet

Feet

Feet

